

### Campaign Finance Section Financial Reports

Financial Reports are required to be submitted to the Campaign Finance Section of the Office of the State Election Commissioner by all Candidates, Committees and Organizations. Late or incomplete reports are subject to fines levied by the Commissioner's Office, so please be sure to check all applicable deadlines and file on time. Add extra sheets if necessary.

Full Organization	Name: 10	RI	Democrat	ic C	omnitee.
Account Number:			-	Date of t	this Report: 2-5-08
REPORTING PER	IOD:	FROM:	1-1-2007	_ TO:	12-31-2007
Check the box that	applies to this	report:			
Primary Election General Election Other Election Special Election		8-DAY 8-DAY 8-DAY 8-DAY	☐ 30-DAY ☐ 30-DAY ☐ 30-DAY ☐ 30-DAY		Office:
Year End Report	Ø	Final Org	anization Closing		Closing Date: 2-5-08
regulations regardi	ng Campaign F	Inance and	i the election process in the will perform an audit of	the State of	curate and correct. I agree to abide by all rules and f Delaware. I understand that representatives from nation provided on this report.
TREASURER SIGNATI	ute C	m	uply		2/6/08 DATE
Francis	9 m	uply			2/5/08
CANDIDATE SIGNATE	R.E.	- 1/			DAIE



### STATEMENT OF ACCOUNT BALANCE

AC	COUNT #:	REPORTING PERIOD: 1 FROM	- 12/31/07
1.	BEGINNING (Close Out l	BALANCE Balance from last reporting period)	36 CX
2.	RECEIPTS:		
	A.	SCHEDULE A – TOTAL RECEIPTS	0.00
	В.	SCHEDULE C-1 - TOTAL IN-KIND (NON CASH) RECEIPTS	
	C.	SCHEDULE D-1 – LOANS RECEIVED AND DEBTS INCURRED	
	D.	SCHEDULE E – INTER COMMITTEE (SHARED) EXPENSES RECEIVED	
	E. SUB	TOTAL (Total of A, B, C, D)	0.00
3.	EXPENDIT	URES:	
	F.	SCHEDULE B – TOTAL EXPENDITURES	
	G.	SCHEDULE C-2 – TOTAL IN-KIND EXPENSES (IN KIND RECEIPTS USED)	
	H.	SCHEDULE D-2 – LOANS AND DEBTS OUTSTANDING	0.00
	I.	SCHEDULE E – INTER COMMITTEE (SHARED) EXPENSES PAID	
	J. SUE	TOTAL (Total of F, G, H, I)	0.00
4.	ENDING BA	LANCE Balance plus 2E, minus 3J)	36.02
5.	NON-CASH	ASSETS (IN KIND RECEIPTS NOT YET USED (From Schedule F)	
6.	DISPOSITIO	N OF LEFT OVER ASSETS (CLOSING COMMITTEE) (From Schedule G)	
7.	LOANS AT I	END OF PERIOD (Loan Balance from Schedule D-2)	
8.	CLOSE OU'	F BALANCE (Must equal zero if Committee closed)	36.02



## **SCHEDULE A - TOTAL RECEIPTS**

ACCT #: REPORTING PERIOD:			107 -12/3	107	
over \$50. N	OTE: If you recei	ve funds from the same person or	s from sales of items must be itemized if r organization several times during the rep \$100, even if the individual amounts are	porting	TO
RECEIPTS Date	IN EXCESS OF	S100: Contributor	Contributor	Aggregate	Amount
Received	Туре	Name	Mailing Address	Amount	Received
			-m		
	<u> </u>				
TOTAL RI	CEIPTS IN EX	CESS OF \$100			
TOTAL RE	CEIPTS NOT I	N EXCESS OF \$100			
	*				
GRAND TO	OTAL RECEIPT	rs .		I	0.00

(THIS TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 2A)



## **SCHEDULE B - TOTAL EXPENDITURES**

ACCT #:		REPORTING PERIOD:	1/1/07- 12	13,10		
			1 /	/ / F	ROM	то
of the amount. NO must be listed if the	TE: IF you expend funds to th	ing period. All expenditures to e same person or organization s 100, even if the individual amou	several times during t	must be item he reporting	ized, regardless cycle, each item	
Date	Payee	Payee		Reason	Aggregate	Amount
Expended	Name	Mailing Addre		Code	Amount	Expended
						100
				-		
-				_		
				_		
				_		
TOTAL EXPENI	DITURES IN EXCESS OF \$	100				
					,	
TOTAL EXPENI	DITURES NOT IN EXCESS	OF \$100				
GRAND TOTAL	EXPENDITURES					6.00

(THIS TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3F)



## SCHEDULE C-1 - TOTAL IN-KIND (NON CASH) RECEIPTS

NOTE: If you recearch item must be	eive in-kind contributions from t	harge or less than fair market value in ex the same person or organization several is over \$100, even if the individual amou	times during the reporting period	
		RKET VALUE LESS ANY PAYMENTS YOU  Contributor  Mailing Address	MADE FOR THE GOODS OR SER  Description of  Contribution	VICES)  Estimated Value Receive
TOTAL IN-KIN	ND RECEIPTS IN EXCESS OF	F \$100		
	ND RECEIPTS NOT IN EXCE			

GRAND TOTAL IN-KIND RECEIPTS
(THIS TOTAL SHOULD ALSO APPEAR ON PAGE 2, A21STATEMENT OF ACCOUNT BALANCE, ITEM 2B)



## SCHEDULE C-2 - TOTAL IN-KIND EXPENDITURES (IN KIND RECEIPTS USED)

ACCT#:	·	REPORTING PERIOD:	1 107 - FROM	12/31/0	TO TO
NOTE: If you pay each item must be IN-KIND EXPE	y in-kind expenditures to the sa e listed if the aggregate amoun NDITURES IN EXCESS OF		times during the repo ual amounts are not.	orting period,	
Date Date	Person or Activity	Person or Activity		OR THE GOODS OR  Description of	SERVICES) Estimated
Expended	Name	Location or Mailing Ad		Expenditure	Value Expended
		8			
				William III	
TOTAL IN-KIN	D EXPENDITURES IN EXC	CESS OF \$100			
TOTAL IN PIN	D EVDENDITUDES NOT U	N EVCESS OF \$100			
I O I AL IN-KIN	D EXPENDITURES NOT II	1 EACESS OF \$100			
GRAND TOTAL	L IN-KIND EXPENDITURE	S			6,00

(THIS TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3G)



#### SCHEDULE D-1 - LOANS RECEIVED AND DEBTS INCURRED

			FROM		TO
Il loans and debts i	n excess of \$50 RECEIVED DURING THIS REI	PORTING PERIOD should be itemized on this schedule. NOTE: T	hese loans must also be listed on Schedu	le D-2.	
	D IN EXCESS OF \$50:				
Date Received	Obligated To (Name) And Mailing Address	Endorser Name and Mailing Address	Description of Security	Int Rate	Amoun Receive
	, and the same of	and wants from the			- AWARA
					-
					-
_					
				-	
			and the second s		



#### SCHEDULE D-2 - LOANS AND DEBTS OUTSTANDING

CT #:				REPORTING PE		1 (1- 12) FROM
outstanding loans and debts in excess of \$50	must be listed. This includes loans from Len	ding Institutions, Candidate's Personal F	unds and Other Cont	ributors.		
Date Obligated To (Name) eccived And Mailing Address	Endorser Name and Mailing Address	Description of Security	Int Rate	Original Loan Amount	Payments Made	Loan Balance
				II		
OTAL LOANS AND DEBTS OUTSTAND						0.00

(TOTAL PAYMENTS MADE SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3H; TOTAL LOAN BALANCE SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 7)



# SCHEDULE E - INTER COMMITTEE (SHARED) EXPENSES

ACCT#:	. 1		REPORTI	NG PERIOD:	11/07-17/
				7	FROM
	rsements received by you and paid by you must be iten	nized. ements from other Committees for expenses you incurr	red.)		
Date	Reimburser Name	Description	Activity	Total	Reimbursement
Received	and Mailing Address	of Activity	Date	Expense Amount	Received
	the state of the s				
TOTAL DEIMBIL	RSEMENTS RECEIVED FROM OTHER COMM	HTTEFC			0.00
				'	0.00
(REIMBURSEMENTS	RECEIVED TOTAL SHOULD ALSO APPEAR ON PAGE 2,	STATEMENT OF ACCOUNT BALANCE, ITEM 2D)			
REIMBURSEME	NTS PAID (Monies paid by you to reimburse other	committees for expenses they incurred.)			
Date	Payee Name	Description	Activity	Total	Reimbursement
Paid	and Mailing Address	of Activity	Date	Expense Amount	Paid
			-		
					2.50
TOTAL REIMBU	RSEMENTS PAID			ı	CICU
REIMBURSEMENTS	PAID TOTAL SHOULD ALSO APPEAR ON PAGE 2, STAT	EMENT OF ACCOUNT BALANCE, ITEM 3I)			



## SCHEDULE F - NON-CASH ASSETS (IN KIND RECEIPTS NOT YET USED)

CCT #:_	,	REPORTING PERIOD: FRO	12/31/07
mize all non-cash as ntributed to the organ	nization.	ose paid for by the organization, lent to the organization	and
Date	Description	Location	Value
Received	of Asset	of Asset (Physical Address)	of Asset
		Y	
		70 TO 10 TO	
			_
	ASSET VALUE		0.00

(TOTAL ASSET VALUE SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 5)



## SCHEDULE G - DISPOSITION OF LEFT OVER ASSETS (CLOSING COMMITTEE)

ACCT #:		REPORTING PERIOD:	1/1/01-12/3/07
Itemize all non-cash as	sets disposed of, transferred or sold by the orga	nization during the reporting period.	FROM
ALL NON-CASH AS  Date  Eliminated	Description of Asset	Disposition of Asset	Value Received
TOTAL ASSETS EL	IMINATED		C-CC